2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000055177** 1. Entity Name. 7401 CORP. 04-30-2001 90043 005 ***150.00 Principal Place of Business Mailing Address 7220 SOUTHWEST 61 STREET 7220 SOUTHWEST 61 STREET MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0763181 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent eanelle Verster AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE De!ete TITLE ☐ Chance Addition VERSTER, JEANETTE NAME NAME: 7220 SOUTHWEST 61 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition VERSTER, MARTIN NAME NAME 7220 SOUTHWEST 61 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** City-ST-ZIP Delete TITLE 1100 F ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete DIE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP C:TY-ST-ZIP 0313 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS Ctty-ST-ZIP CITY-ST-7IP TITLE Delete TiT: F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-St-7/2 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Jeanelle Verster